Mackenzie Health

Mackenzie Richmond Hill Hospital
10 Trench Street, Richmond Hill ON L4C 4Z3
905-883-1212

Cortellucci Vaughan Hospital
3200 Major Mackenzie Drive West, Vaughan ON L6A 4Z3
905-417-2000

Breast Imaging

Needle Localization / Core Biopsy Procedure Request

BHC ☐ Priority 1 ☐ 2 ☐

Localization ☐ Core Biopsy ☐

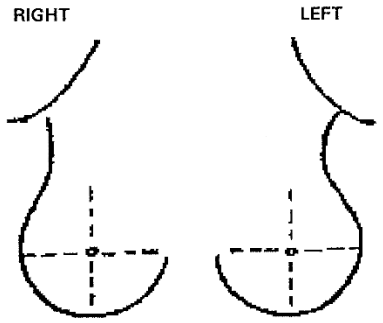
By: Mammography ☐ By: Ultrasound ☐ Nuclear Medicine ☐

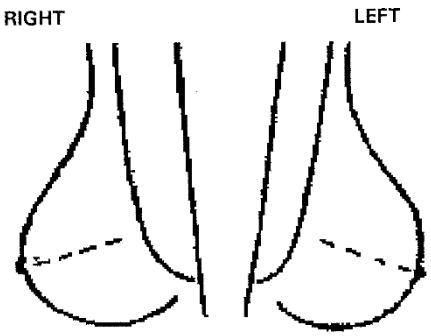
Consult ☐ Reason for consult: _____

Patient Name:	Date of Loc/Biopsy: dd/mm/yyyy
Date of Birth: dd/mm/yyyy	Time of Loc/Biopsy:
MH Medical Record Number:	Time of OR:
Surgeon and/or Family Doctor:	Signature:

Post Ultrasound Needle Localization Unilateral Mammography	Right ☐	Left ☐
If any imaging required, please proceed ☐ Ultrasound	Right ☐	Left ☐
Pre-procedure Imaging – Specify Mammo	Right ☐	Left ☐

Breast Side & Number of Sites	Right ☐ 1: ☐ 2: ☐	Left ☐ 1: ☐ 2: ☐
Axillary Node:	Right ☐ 1: ☐ 2: ☐	Left ☐ 1: ☐ 2: ☐
Pre-Operative Sentinel Node	Right ☐	Left ☐





Relevant History:	Prior imaging on PACS: ☐

Is patient taking blood thinners? Yes ☐ No ☐

If yes, specify: _____

Does the patient have any allergies? Yes ☐ No ☐

If yes, please name them: _____

TECHNOLOGISTS' NOTES
